

# Comparison of Current NC CAP-MR/DD Waivers, PBH Innovations Waiver, and New NC Innovations Waiver (1915 b/c)

Joint Legislative Oversight Committee  
on MH/DD/SAS  
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April 14, 2010



# CMS 1915 b/c Waiver Structure

**1915(b) waiver for freedom of choice and additional services paid for out of savings**

**3. 1915(b) waiver**

**1915(c) Home and Community Based Services (HCBS) waiver for additional services and eligibility, statewideness and comparability**

**2. 1915(c) waiver(s)**

**State plan services and eligibility**

**1. State plan**

**DMH | DD | SAS**

division of mental health | developmental disabilities | substance abuse services

# Structure of Waivers

KEY FEATURES	State CAP – MR / DD Tiered Waiver	Current PBH Innovations Waiver	NEW CMS-Approved NC Innovations Waiver
<b>Waiver Structure</b>	Currently 2 Waivers – Comprehensive and Supports Waivers. Ultimately, will have 3 waivers	Comprehensive Independence Plus concurrent with B Waiver	Comprehensive Independence Plus concurrent with B Waiver
<b>Management of Waiver</b>	Managed by DHHS.	Managed by LME; monitoring oversight by DHHS	Same as PBH
<b>Annual Cost Limits</b>	Comprehensive - \$135,000 Supports: \$17,500	Limited by Individual Budget and consumer needs; no upper limit	Limited by Individual Budget and consumer needs, upper limit of \$135,000
<b>Geographic Limitations</b>	95 counties	PBH 5-county catchment area	Approved waiver entities, including PBH
<b>Limitations on numbers of participants</b>	Waiver participation limited by 1) state matching funds appropriated by the General Assembly and 2) number of participants approved by CMS.	Same	Same
<b>Allocation of Waiver Funding</b>	Slots are distributed on a per capita basis based upon funding availability	Same	Same
<b>Reserved Capacity</b>	Deinstitutionalization, transfer to/from other waivers, emergencies	Same	Same

# Participants and Services

<b>KEY FEATURES</b>	<b>State CAP – MR / DD Tiered Waiver</b>	<b>Current PBH Innovations Waiver</b>	<b>NEW CMS-Approved NC Innovations Waiver</b>
<b>Entrance Criteria</b>	Federal ICF-MR Criteria	Same	Same
<b>Prioritization Process</b>	NC uniform prioritization tool used by LMEs: balances severity of need with time on the waiting list	Criteria in waiver; use of Supports Intensity Scale (SIS)	Prioritization within Innovations is based upon “first come, first served” with reserve slots for emergency situations balanced across the waiver region.
<b>Participant Self-Direction</b>	Supports Waiver provides the option of the agency with choice mode.	Provides both the agency with choice model and Employer of Record Model	Provides both the agency with choice model and Employer of Record Model
<b>Revision to existing waiver service definitions</b>	Transition between both type of waivers addressed	Transition between both type of waivers addressed	<ul style="list-style-type: none"> <li>Renamed or revised plan for Behavioral Consultation and Non-Medical Transportation</li> <li>Long Term Vocational Support from CAP included under Day Supports in Innovations</li> <li>Home and Community Supports in CAP replaced with new Innovations service Intensive In-Home/Skill Building Individual Caregiver Training in CAP crosswalks to Natural Supports in NC Innovations.</li> <li>Added Personal Care to Innovations; currently in CAP, but not PBH Innovations</li> <li>Home Supports in CAP replaced with new Innovations service Intensive In-Home/Skill Building</li> </ul>
<b>B-3 Services</b>	Not applicable.	Additional, alternatives services can be developed based upon savings realized. Can be offered to all Medicaid eligible individuals, whether or not they are participating on the waiver.	Same as PBH

# Financial Components

KEY FEATURES	State CAP – MR / DD Tiered Waiver	Current PBH Innovations Waiver	NEW CMS-Approved NC Innovations Waiver
<b>Utilization Management</b>	ValueOptions authorizes services based upon medical necessity criteria of service definitions and PCP	Plans authorized by LME based upon habilitation and support needed identified via SIS as well as limits set forth within the service definitions.	Same as PBH.
<b>Provider Network</b>	Required to meet endorsement and enrollment criteria; any willing qualified provider directly enrolled with DMA	Allows for closed network; however requires annual capacity study to ensure an adequate capacity and provider choice for consumers. Providers enrolled with LME.	Same as PBH. With new MMIS System, providers will also be credentialed by and enrolled with DHHS.
<b>Rate Setting</b>	Rates are standard across the State based upon actual cost per provider cost reports.	Allows rates to be adjusted according to needs of local community. Can provide rate incentives to develop needed services.	Same as PBH.
<b>Payment Structure</b>	Fee-for-service reimbursement; no cost saving incentives	Flexibility around payment methodologies: fee-for-service, subcapitation, performance-based incentive payments, etc.	Same as PBH
<b>Risk Management</b>	State assumes all risk	PBH assumes risk; mandatory risk pool funded by 2% of capitation payments and savings.	Same as PBH
<b>CMS Monitoring and Accountability</b>	Subject to quarterly reporting to CMS, on-site monitoring, renewal evaluations	Same	Same

# On-line Waiver Information

DMHDDSAS

<http://www.ncdhhs.gov/mhddsas/waiver/index.htm>

DMA

<http://www.ncdhhs.gov/dma/lme/MHWaiver.htm>



# Questions?

